

Artistic Solutions, Inc.
BayCon 2017 Volunteer Staff Placement Request

Please fill out this form completely – **PRINT** neatly, please – sign it,
and obtain all appropriate approval signatures before turning it in.

First Name: _____ Last Name: _____

Has any of your contact information changed since you completed your Artistic Solutions
volunteer application? Yes No If “Yes” we will need to update your volunteer record.

Preferred Badge/Fan Name: _____

Preferred E-Mail for staff list: _____

Preferred phone number for staff list: (_____) _____ - _____ Home Cell

I am requesting the following placement: Head 2nd Staff

Department: _____ Department/
Division
Approval: _____

Division: Chair Outreach Hotel
 Operations Programming
 Fixed Functions Hospitality
Division/
Chair
Approval: _____

Volunteer Signature: _____ **Date:** _____

ALSO – Are you 18 years of age or over, or will you be 18 by May 26, 2017? Yes No
If “No”, you must be at least 16 and your parent or guardian must also sign this request.

Parent/Guardian
Signature: _____ Date: _____

Parent/Guardian
Printed Name: _____ Relationship
to Volunteer: Parent Guardian

Artistic Solutions Use Only	ASI Volunteer DB Record # _____	
Reg Info: BC17 Mem # _____	Processed By: _____	Entry Date: ____/____/____
PMT Info: Date: ____/____/____	Amount \$ _____	Method: _____ Receipt #: _____
Notes: _____		
